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James Madison University

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Attachment and Resilience in Military Families Throughout the Deployment Cycle

Jason A. Kacmarski

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Abstract

The number of military deployments in the United States of America has been on the rise since the United States attacked Iraq in 2003 as part of Operation Iraqi Freedom (OIF). Ongoing combat operations over the last few years have meant a growing number of military families have experienced the deployment process. This research paper utilizes the concepts of attachment and resilience to explore the deployment process within the framework of the emotional cycle of deployment. Integrating current knowledge within the field of mental health related to attachment theory, resilience, and the deployment process, I explore the potential risks military deployment presents to attachment processes within families, as well as attachment and resilience based interventions that can be used to help families navigate the deployment process successfully.

CHAPTER 1

Introduction

Since the terrorist attacks of September 11, 2001 the United States of America has been engaged in what has been colloquially referred to as the War on Terror. This war has been fought on many fronts by many different people, but none have sacrificed more than the military personnel and their families who have endured multiple lengthy deployments in the service of our country. It is estimated that, as of 2011, over 2.2 million active duty military personnel have been deployed to Iraq and Afghanistan (Veterans for Common Sense, 2011). Of those, an estimated 68.2% are married, and 58.5% have dependent children (US Department of Veteran Affairs, 2010). Making the very conservative assumption of one child per service member, this means that over 800,000 children have had a parent deployed due to the war on terror.

Recent research has shown that the children of deployed military personnel are at increased risk of emotional and behavioral difficulties when compared to the general population (Chandra, Burns, Tanielian, Jaycox, & Scott, 2008). Lester et al. (2010) determined that approximately one-third of children who have been affected by a deployment show clinically significant levels of anxiety, and that this increase in the prevalence of difficulties continues even after the deployed parent has returned home.

Mental health professionals were, in many ways, poorly equipped to manage these difficulties at the beginning of the War on Terror. Since then, however, a great deal of research has been completed evaluating not only the prevalence of these difficulties, but also potential interventions for treating and managing them. While a number of different theoretical approaches have been posited for conceptualizing these families, I

believe attachment theory provides the greatest depth and breadth of information for understanding familial interaction patterns, and as such is well suited for evaluating when and how to intervene with the children and families of deployed military personnel.

Attachment theory provides us with a basis from which conceptualization of these difficulties becomes possible. In an effort to explore the challenges faced by military families more thoroughly I will first provide an overview of attachment theory and its key concepts as well as a discussion of resilience and its relationship to attachment. This will be followed by a description of the emotional cycle of deployment. Finally, utilizing the emotional cycle of deployment as a guide I will explore, how attachment theory, resilience, and deployment in military families, are interrelated, and make recommendations for attachment and resiliency based interventions for use in working with military personnel throughout each stage of the cycle. It is my hope that mental health professionals can utilize this information to develop a greater understanding of military families experiencing deployments, and feel more competent in using attachment and resilience informed interventions to address difficulties related to deployment and the attachment process.

CHAPTER 2

Attachment Theory: A Brief Overview

Attachment theory has become an increasingly important topic of research among mental health professionals over the last several decades. An informal review of articles available in the PsycINFO database indicate that there are 2,319 articles containing the keywords “Attachment Theory” written prior to the year 2001, and 4,415 such articles written since then. As the mental health community begins to focus more and more on the importance of relationships and interaction throughout the lifespan, attachment theory is likely to play an even more important role in work with clients. However, despite the growing prevalence of this theory in research, there remain many practitioners who have little to no understanding of what attachment theory truly is and what it encompasses. In order to facilitate a greater understanding of this theory and its implications I will review important underlying concepts pertaining attachment theory itself.

John Bowlby (1958) initially posited some of the core concepts of attachment theory in *The Nature of the Child's Tie to his Mother*. In it, the idea of attachment behavior is first introduced and put forth as having developed through the process of evolution to be protective for infants and children. Bowlby also used this work to discuss how a lack of caring and supportive mothering can lead to disturbances as the child grows. Mary Ainsworth worked closely with Bowlby at times throughout her life and she too played a significant role in the development of attachment theory, contributing, among other things, the initial description of attachment patterns as well as the importance of developing a secure base in infancy and childhood. By working together and building off of one another's ideas, Bowlby and Ainsworth laid the groundwork for

what we today call attachment theory. Due to the tremendous impact these two researchers had on the creation of the theory, its development is often viewed as being shared by them both (Bretherton, 1992).

There are a number of concepts that are important to understand in any discussion of attachment theory. These include attachment behavior, attachment patterns, the caregiver-child relationship, internal working models, and the secure base. Below is a brief description of each.

Attachment Behavior

First discussed by Bowlby (1958), attachment behaviors are those behaviors displayed by an infant that promote interaction with the infant's primary caregiver. Bowlby initially posited five such behaviors: sucking, clinging, following, crying, and smiling; however, we now know that children and infants exhibit any number of such behaviors as they grow. In Bowlby's view, the primary purpose of each of these behaviors is to induce proximity with the primary caregiver (i.e., they are "proximity seeking behaviors"). Bowlby viewed these behaviors as instinctual and as having developed through evolutionary processes. That is, he believes that infants displaying these behaviors were more likely to have been cared for appropriately, and that these behaviors would have therefore been helpful in ensuring the survival of an infant.

Attachment Patterns

First described by Ainsworth in her book *Infancy in Uganda: Infant Care and the Growth of Love* (1967), and further expounded upon in her later work *Patterns of Attachment: A Psychological Study of the Strange Situation* (1978), attachment patterns are used to describe general patterns of behavior between child and caregiver. Ainsworth

initially posited three such patterns: secure, avoidant, and ambivalent. Both avoidant and ambivalent were viewed as insecure forms of attachment. A fourth attachment pattern, disorganized, was later identified by Main & Solomon (1986). These four attachment patterns have served as the basis for describing attachment between caregiver and child ever since.

Ainsworth (1978) described infants who display secure attachment as having a positive attitude towards their mothers and as being less anxious than other children. A hallmark of secure attachment is the ability of the child to utilize his or her caregiver as a secure base from which they are able to explore the world, including novel environments and encounters. Secure attachment is viewed as ideal as it promotes healthy interpersonal relationships.

Avoidant attachment is characterized by avoidance of interaction with the caregiver after a separation. Whereas securely attached babies will seek out their caregiver following a separation, avoidantly attached babies have been noted to do the opposite, turning away from their mothers and failing to seek comfort and security from them. Ainsworth posits that this avoidance, as well as a sense of detachment these babies exhibit when away from their mothers, serves a defensive function by allowing the child to not feel anxious during these times.

Children who are ambivalently attached tend to greatly fear being separated from caregivers. In addition, following a separation these children are often difficult to soothe upon the caregiver's return. Ainsworth viewed these interpersonal behaviors as reactions to anxiety the child feels due to inconsistency in parental response to the child's needs.

Lastly, disorganized attachment is characterized by confusion and anxiety in the child. Main & Solomon (1986) found that children with this attachment style showed a mixture of behaviors including avoidance and resistance, and that they often seemed dazed or apprehensive when in the presence of their caregivers.

In addition to understanding what each attachment style describes, it is also important to understand how these various styles develop within the caregiver-child relationship. While research is still ongoing and definitive answers remain elusive, Ainsworth (1978) believed that each of these attachment patterns was the result of interactional processes between caregiver and child during the earliest stages of life.

Securely attached infants tend to have parents who are able to notice and respond in a timely manner to the needs of their children. These are attentive parents who make note of how their child is feeling and responded appropriately, soothing the child when necessary in order to promote the development of an internalized secure base. In contrast, the parents of avoidantly attached infants tend to be unresponsive to signs of distress from their children. These parents may ignore or even yell at their children when they cry.

Ambivalently attached children typically have parents who fluctuate back and forth between ignoring the child while he or she is in distress and responding appropriately. This back-and-forth between effective and ineffective parenting styles leads to confusion in the child who is therefore unable to develop a consistent internal model of how the parent or caregiver will react. Disorganized attachment styles have been linked to childhood abuse (Cyr, Bakermans-Kranenburg, & van Ijzendoorn, 2010) as well as role confusion (e.g., the parentification of the child) in the home. These

parents often exhibit confusing or frightening behaviors in the home with a great deal of negativity and ineffective communication between the parent and the child.

The Caregiver-Child (Prototypical) Relationship

The relationship that an infant forms with a caregiver will not only serve to influence the development of his or her attachment style, but will also serve as a prototype for all future interpersonal relationships. In this way, attachment deficits can be seen to have a lifelong effect, promoting or hindering the development of healthy relationships as the child grows into an adolescent and, eventually, an adult (Ainsworth, 1978).

Internal Working Models

Bowlby (1969) was the first to use the term “working model” in relation to attachment. This concept was borrowed from the work of Kenneth Craik (1943) on mental models. Per Bowlby, internal working models are mental representations that are developed from the earliest days of infancy. These representations allow us to make educated guesses, based on past experiences, related to what to expect in certain situations.

In the context of attachment theory, a child’s internal working model of his parent may be of someone who is kind, caring, attentive, and responsive to his or her needs. When threatened, the child can consult this internal working model and determine that the parent is likely to react in a supportive manner. This expectation will then influence the child’s decision to seek comfort from their parent. Central to attachment theory is the ability of a child to form an internal working model of their parent that includes the concept of a secure base.

Secure Base

Ainsworth (nee Salter) first used the term secure base in 1940 in order to describe the sense of security that can be derived from a caring and supportive family. This idea has been expanded upon since then and has come to refer to the ability of a parent to instill within their child a sense of safety and security that the child can then rely on when venturing out to explore novel situations and environments. In this sense, the secure base is initially manifested in a very physical way as the caregiver to whom the child feels most attached. As children age they are able to incorporate this idea into their own internal working model, therefore no longer needing the caregiver to be present to provide this sense of security and safety; allowing them to continue to explore on their own.

In addition to the ideas discussed above, there are other aspects of attachment theory that are equally important to understand. The first of these is the idea that attachment theory, while initially thought to be mainly applicable to the caregiver-child prototypical relationship, has proven to be relevant throughout the lifespan. Ainsworth (1989) discussed how attachment affects the caregiver-child relationship throughout adolescence and adulthood, and the discussion of the prototypical caregiver-child relationship above has already touched on the idea that attachment styles will affect all future relationships a person has.

While initially believed to be stable over time, attachment patterns have more recently been shown to be somewhat fluid and changeable as a person grows and develops (Lewis, Feiring, & Rosenthal, 2000). This has tremendous implications for mental health professionals as it opens the door for effective reparative attachment-based

interventions throughout the lifespan. Nonetheless, infancy and childhood continue to be seen as important periods in life for the development of initial attachment bonds.

Although attachment theory provides us with a framework for evaluating the quality of the caregiver-child relationship and understanding how this relationship can have both immediate and lasting effects, it is only one piece of the puzzle. In order to truly begin to understand how families of deployed personnel cope with, and even grow as a result of, the myriad experiences they will face, it is important to first understand the role that resilience plays in managing hardship in life.

CHAPTER 3

Resilience

Evidence has shown that resilience serves as a protective factor for families and persons who are faced with difficult times, including military personnel and their families dealing with deployments (Lester et al., 2011). As such, it is important that we promote resilience within families before, during, and after deployments in order to encourage a healthy and stable family life, as well as to promote individual psychological health. In order to do so, we must first define resilience.

Lester et al., (2011) defined resilience as “engagement in adaptive behaviors and achieving developmental milestones in the face of stressful or traumatic life events” (p. 19). Others, including White, Driver and Warren (2008), have defined resilience as “how an individual reacts and adapts to a traumatic event and is presupposed by (a) exposure to a traumatic event and (b) adaptation to that event” (p. 9), and Masten (2001) stated that resilience “refers to a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development” (p. 228).

There are several common threads that run throughout these definitions. First is the idea, included in all three above definitions, of adaptation. Dictionary.com (n.d.) states that to adapt is “to adjust oneself to different conditions, environment, etc.” As human beings, we have an inbuilt ability to adapt to varying life situations. This is a skill that we use on a daily basis. We adapt to changes in schedules, to traffic conditions, to the moods and behaviors of others. However, for some this can be a difficult and frightening process. By helping to encourage and promote adaptability in others, mental health professionals are, in fact, helping to build and promote resilience.

Also shared among the three definitions above is the idea of some stressor or traumatic event. I believe that the term stressor is more appropriate here because defining what does and does not comprise a traumatic event is extremely subjective. Additionally, evidence has shown that the perception of a threat can have an equal or greater impact when compared to actual exposure to the threat itself (Vogt & Tanner, 2007; Mott, Graham, & Teng, 2011). Utilization of the term stressor allows for the consideration of all events that may be subjectively perceived as potentially threatening or traumatic, including a military deployment. Having defined resilience and explored its meaning, we can now turn to an exploration of four main skills and characteristics that are important in developing and strengthening resilience among children and families.

There are several aspects of family life that have been shown to have a positive correlation with increased resilience. Evidence has shown that families who communicate in an open, caring, and understanding manner are better able to overcome adversity and thrive in the face of stressors. Similarly, the use of effective parenting skills have been associated with increased resilience among family members. Parents who are able to be effective in working with their children are more likely to be satisfied in their role as a parent, and to therefore have a greater degree of psychological health. This sense of competence serves to promote a sense of resilience. Similarly, children whose parents utilize appropriate parenting skills and strategies are more likely to feel understood and supported, also leading to increased resilience. Preparedness and proficiency in the use of problem solving skills also correlate with resilience. Knowing what to expect from a situation allows individuals to not only plan for them, but to

develop strategies for managing any potential bumps in the road along the way (Greeff & van der Walt, 2010; Letster et al., 2011; Saltzman et al., 2011).

It is also important to note that resilience does not develop within a vacuum. Connectedness with other supports, including one's family, friends, and community, helps to build and promote resilience within all individuals. When a person knows that they can turn to others when needed, they develop a greater sense within the world and feel more prepared to face life's challenges. In this sense, attachment and resilience are inextricably linked.

The Interplay Between Attachment Theory and Resilience

The concept of the secure base is infinitely applicable here. Children who are able to utilize a caregiver as a secure base, whether fully internalized or not, will be better able to deal with adversity in their lives. The promotion of effective caregiver-child attachment helps children to develop a more powerful, internalized sense of strength and support, which in turn increases resilience. Ruptures in the attachment process; however, can lead to the opposite. Children who are unable to rely on a caregiver to provide them with the support and security they need are more likely to feel frightened and alone in the face of difficult situations, and to suffer from psychological difficulties as a result (MacDermid, Samper, Schwarz, Nishida, & Nyaronga, 2008; Riggs & Riggs, 2011).

A clear understanding of the key concepts related to attachment theory and resilience allows for an opportunity to explore more thoroughly how these concepts relate to military families and the deployment process. Specifically, this conceptual framework is helpful in recognizing where the potential for an attachment disturbance is most likely and how resilience and attachment-based interventions can serve to prevent it. During

the development of attachment theory, Bowlby initially posited a critical period during which a child's initial attachment to a caregiver must take place in order to develop in a psychologically healthy manner. Bowlby believed that this critical period lasted from approximately 6 months to 3 years of age (Bowlby, 1969). Along with Ainsworth and others, Bowlby later came to conceptualize this as a sensitive period rather than a critical one (Bretherton, 1992). This revision has two major implications. First, children are more readily able to develop initial attachment bonds during this sensitive period. Second, any disruptions in attachment during early stages of development can be repaired later in life.

The application of the concepts of attachment theory support the idea that children who have a parent deploy during the early stages of life are likely to be most at risk for attachment difficulties as they age. A child whose mother is deployed shortly after the child's birth will have little access to the person typically considered to be the most likely primary attachment figure (Huebner, Mancini, Wilcox, Grass, & Grass, 2007) and could therefore reasonably be expected to face potential future difficulties. While additional research is needed to provide support for this assertion, it is practical to view any such separations as targets for intervention. Children of such a young age are also the least likely to have had the time to develop resilience, and as such are at greater risk than older children in the same situation.

Similar attachment-related concerns exist for older children. Attachment theory tells us that children depend on their caregivers to provide them with a sense of safety and security. By relying on this caregiver-supplied safety and security, children are able to find the strength to explore an otherwise frightening world. This is the concept of the

secure base discussed previously. When a child's secure base is sent to a warzone thousands of miles away, this sense of support and safety can be compromised, and the child will need to be able to rely on additional attachment figures to provide care and support during this time. Having additional attachment figures present can be of great benefit in situations like this. However, when additional attachment figures are not available, there is the potential for negative effects from prolonged separations. Such effects have been noted not only in very young children, but in adolescents as well (Huebner et al., 2007). Fortunately, older children have had a greater amount of time to begin to internalize their secure base, and also benefit from having had the opportunity to strengthen their own sense of resilience, both of which will serve to mitigate any difficulties in healthy, securely attached individuals.

In the absence of a preferred primary attachment figure such as a mother or father, a child is likely to seek out this sense of safety and security from others who have been tasked with caring for them while their primary caregiver is away. Successfully finding this alternate primary attachment figure has great potential for mitigating any negative attachment-related effects of deployment-induced separation, but can also present its own set of problems. Parents tend to expect that their children will react positively to their presence; that is, they will be happy to see them. For a child who was at a very young age at the time of parental deployment, it is likely that they will have no memory of the parent (Riggs & Riggs, 2011). This can be hurtful and difficult for parents to accept and understand.

Before delving deeper into the interactions between attachment, resilience, and military deployment, it is important to have a framework with which to organize the

discussion. The emotional cycle of deployment, which will be explored next, provides just such a framework. By breaking down the deployment process into discrete phases, children and families, as well as the mental health professionals who work with them, are less likely to be intimidated by it, and more likely to be able to work in an organized and effective manner with one another in order to promote greater psychological health and well-being.

CHAPTER 4

The Emotional Cycle of Deployment

In order to understand how the needs of children and families change throughout the deployment, researchers and military and government personnel have developed the emotional cycle of deployment. This cycle has been conceptualized in numerous ways, with the number of stages in the cycle ranging from three (Horton, 2005) to seven; however, the five-stage cycle discussed by Pincus, House, Christenson, and Adler (n.d.) has seen a significant amount of research (Fitzsimons & Krause-Parello, 2009) and is therefore the model I will be using. Pincus et al. describe five distinct stages within the deployment cycle during which children and families will be faced with different emotional tasks and difficulties: Pre-deployment, Deployment, Sustainment, Re-deployment, and Post-deployment, each of which will be explored individually.

Pre-Deployment

The pre-deployment phase begins as soon as a service member learns that they will be receiving orders to deploy. As such, the length of this phase is one of the most difficult to quantify since service members may receive notice of orders as long as a year or more in advance and as short as a few weeks or days before they actually deploy. This variability means that mental health professionals will need to be both thoughtful and flexible in choosing interventions for families in this stage in order to ensure proper prioritization of services based on the family's needs. Pre-deployment is typically a time of significant anxiety and uncertainty as service members and their families attempt to prepare for what is often an extended separation.

Deployment

The deployment stage begins the moment the service member is deployed, and lasts throughout the first month of actual deployment. During this time service members and their families will likely feel disoriented and unsure as they adapt to their drastically changed situations. Service members are likely to be in a new place with new duties and expectation, while family members at home work to adjust to the service member's absence.

Sustainment

The sustainment phase is defined as the time between the end of the first month of deployment and one month before the service member is to return home. This stage consists of the majority of the actual time that a service member is deployed. During this time service members and their families settle into their new way of life, with family members taking on additional responsibilities and service members beginning to hit their stride in the combat zone.

Re-Deployment

Re-deployment is defined as the month before the service member returns home from deployment. It remains unclear to me why this stage has been labeled "re-deployment," but this terminology will be important in communicating with other mental health professionals. Similar to the pre-deployment stage, this is often a time of anxiety and uncertainty as the family and service members prepare to be reunited.

Post-Deployment

Post-deployment refers to the time after the service member returns home. Much like the pre-deployment phase, the length of time service members and their families remain in this stage can be extremely variable. There are a number of tasks related to

reintegration that must be completed during this time and families will vary with regards to how quickly they are able to navigate these post-deployment tasks. This is also the stage during which any mental health difficulties facing the service member are likely to be noticed and begin to impact the family.

CHAPTER 5

Children, Families, and The Emotional Cycle of Deployment

Using the emotional cycle of deployment to structure the discussion, we will now turn to further integrating the concepts of attachment, resilience, and military deployment in an effort to explore potential risks, opportunities for growth, and effective interventions for use with this population in a more detailed manner.

Pre-Deployment

As discussed earlier, the pre-deployment phase is, for many families, filled with fear, anxiety, and uncertainty as family members begin to grapple with feelings related to the upcoming separation. Families must complete a number of tasks during this time. Many of these tasks are practical, such as attending to financial and childcare matters, while others relate to preparing emotionally for the deployment. Additionally, it is not uncommon for service members to be largely unavailable during the pre-deployment stage as they are off completing trainings and other duties in preparation for deployment with their unit, leaving the caregiver that will be left behind to tend to the majority of preparatory tasks in the home. When the practical becomes overwhelming, the emotional can be overlooked. As such, it is important that mental health professionals and others working with families facing deployments ensure that the emotional tasks are attended to as well.

Before delving into behavioral responses typical of children during this phase of deployment, it is important to note that researchers have found differences in children's responses to deployment depending on age, sex, and other demographic factors (Chandra

et al., 2010). This discussion will generally focus on responses believed to be most common across different ages and genders unless otherwise specified.

During the pre-deployment phase, it is not uncommon for children to regress somewhat and begin displaying behaviors more common of children younger than they. This can include frequent crying and tantrumming as well as clinginess directed at parents or other caregivers. Such behaviors are generally of little concern and can typically be addressed by parents interacting in a caring and understanding way with their children; however, parents may be unaware that such behaviors are normal, or may be so overwhelmed by other tasks that they overlook the difficulties their children are facing. This can exacerbate difficulties for not only the child, but the entire family. As such, it is important that parents and caregivers be educated about the deployment process so that they are ready to face these challenges head on.

For mental health professionals working with military families, perhaps the most important intervention during this time is education. Beardslee et al. (2011) discussed education and preparation as being extremely important in promoting growth and resilience in military families facing a deployment. Caregivers who are informed about expected behavioral reactions in children are better able to plan for how to respond to these stressors and therefore more likely to manage them appropriately.

General education related to parenting skills is also extremely helpful for many families. As noted during the earlier discussion of resilience, effective and sensitive parenting skills and strategies have been shown to promote resilience in children and families (Lester et al., 2011; Saltzman et al., 2011). This is an area that most mental

health professionals who work with families will already feel comfortable with, which means that there is a low barrier to entry for the provision of this type of treatment.

More practical tasks during this time include ensuring access to finances, completing wills and powers of attorney, setting expectations related to the frequency of communication, and securing childcare. This issue of childcare can be further complicated when deployments occur in single-parent households, or in dual-military families where both parents are deployed simultaneously. As these situations also present the greatest risk of attachment disruptions, mental health professionals should be sure to monitor them closely and provide whatever support they can.

There are a number of things that the deploying parents can do to promote strong attachment and resilience in their children. Many of these are simple, including making videotapes of the deploying parent reading stories and encouraging children to send a valued or meaningful item such as a doll or stuffed animal along for the deployment so as to promote a sense of closeness with the deployed caregiver. It is important for parents to keep in mind that children will be very attentive to parental reactions to the deployment process. Children whose parents become overwhelmed or begin to fight constantly as deployment approaches may signal to their children that this will be a scary process which can lead to children feeling insecure and unable to manage their current situation. Promoting positive communication between caregivers as well as between caregiver and child can help to mitigate this.

Deployment

The deployment phase of the emotional cycle of deployment is one of great flux. The service member has just left the home for what is likely to be a war zone, and family

members are now beginning to realize just how different life will be with the service member gone. Children especially may feel confused and even angry at being separated from the deployed caregiver. Difficulties with self-esteem can also begin to show here as children begin to feel less in control of their world. There are a number of steps that families can take to facilitate positive coping during this time.

Families will begin to restructure during this first month of deployment by taking on tasks and duties that were previously handled by the now-deployed service member. If planning was completed during the pre-deployment phase, family members should be aware of their new responsibilities, but if it was not time should be taken now to do so. By communicating clearly about the expectations for each family member, confusion, uncertainty, and even potential arguments, can be avoided in the future.

Children, especially young children, are likely to have difficulty understanding that deployment is meant to be temporary, and may worry that the deployed service member is never going to return. Working with children and families to educate them regarding the deployment process pre-deployment can help to mitigate this, but if such education did not take place, it can be provided now. Helping children to understand that deployment is a finite process and that their caregiver will return in the future is helpful. For some children, it may be appropriate to make calendars to help count down the days until the deployed service member returns, but caution should be taken with this as return dates can sometimes change which could lead to greater confusion for the child in the future.

Families should also be encouraged to continue with normal traditions despite the absence of the deployed service member (Chandra et al., 2008). This helps to maintain a

level of normalcy in the lives of family members which in turn leads to children feeling more secure with the situation. Such rituals promote connectedness between family members, a major contributor to resilience.

Sustainment

The sustainment phase is typically the longest of the five phases and constitutes the vast majority of the time that the deployed service member is away. This phase is often fraught with difficulty for caregivers, whether they have been deployed or are staying home with the children. Children are at increased risk of acting out behaviors during this time, which creates a great deal of stress for the family members or caregiver left at home. This stress is often communicated to the deployed caregiver who may in turn feel guilt or anxiety due to not being present to help. Providing parents with education during the pre-deployment phase related to what behaviors to expect from their children can help prevent this cycle before it begins. Parents who have not received this education may seek out mental health services at the first sign of difficulty in their children. In such case, it is important that mental health professionals respond in a sensitive manner to these concerns while simultaneously assuring caregivers that behavioral changes during this time are common and expected, and that they will likely pass with time (Lester et al., 2011).

The sustainment phase lends itself well to interventions targeting specific behaviors and concerns. Assisting families with identifying cues and triggers for stress and anxiety in their everyday lives, and developing plans for avoiding these triggers has proven helpful (Lester et al., 2011). Problem-solving skills have been positively associated with increased resilience (MacDermid et al., 2008; Saltzman et al., 2011), and

so by helping children and families to develop these skills in working through their daily struggles, mental health professionals are in fact building resilience. In addition to these interventions, which tend to be slightly more preventative and less focused on specific pathology, children who have more severe behavioral reactions to caregiver deployment are candidates for traditional counseling and therapy techniques (Pincus et al, n.d.).

Additional resources during this time include several group-based interventions. Operation Purple, a program developed by the National Military Family Association, provides children of deployed service members with the chance to spend time with one another at camps. Activities at the camps allow for exploration of difficulties and concerns children are facing. There is a focus on strength and resilience in the face of adversity and camps are designed to be upbeat and fun for the children involved (Chandra et al., 2008; National Military Family Association, n.d.).

Same Sky Sharing, a children's group program developed at the Children's Institute in Rochester, NY, is currently in its pilot-testing phase. This is a manualized program that provides curricula for children in grades K through six. With the help of facilitators, children engage in activities related to education and resilience building (Children's Institute, n.d.). Like Operation Purple, group activities are designed to be fun and engaging, while simultaneously providing children with support and a sense of understanding during what are often difficult times. Results from initial evaluations of this program indicate that it has been successful in mediating stress responses in children and has provided for improved post-deployment outcomes when compared to a lack of treatment (Johnson, 2011).

Group-based interventions such as those discussed above have the added benefit of promoting a sense of community among the families of deployed military personnel. Being with other children who are facing similar situations serves to normalize these feelings and emotions related that children may experience in relation to deployment. Additionally, a great deal of research has shown that being engaged with the military community serves as a powerful protective factor for children and families with a deployed parent or caregiver (Chandra et al., 2008; Esposito-Smythers et al., 2011).

It is also during this phase that new family roles solidify and family members routines readjust to incorporate changed responsibilities and expectations. This process will happen naturally for many families, but can be eased along by proper planning and education in earlier phases of deployment as discussed above. However, some families may require assistance in renegotiating these roles. Mental health professionals should take any such opportunities not only to assist the family as they navigate the process of developing these new roles, but to also promote improved problem-solving skills, and therefore resilience.

Re-Deployment

The re-deployment phase is often filled with a great deal of anticipation. It is also not uncommon for family members to experience mixed emotions of excitement and anxiety as the time for the service member to return approaches (Pincus et al., n.d.). Helping to normalize these reactions can be very beneficial for families. The main therapeutic task during this phase is preparing the family at home for the return of the deployed service member. This should include an explanation of the reintegration process, including what there is a strong potential for difficulties during this process. It is

important that families be prepared in the event that there is a change in the return time for the deployed service member so that disappointment can be minimized (Chandra et al., 2008). Lastly, families should be advised to maintain their current routines instead of devoting all of their energy to planning for the homecoming process as this will help to dispel overly optimistic expectations of what the reintegration process will entail (Pincus et al., n.d.)

Post-Deployment

The major post-deployment task for most families is the reintegration of the previously deployed service member back into the family system (Wadsworth, 2010). As discussed earlier, the family members at home are likely to have undergone numerous changes during the deployment process. These changes include a reorganization of the family in order to ensure that duties previously tended to by the deployed service member continue to be completed in their absence. Older children may take on a more helpful role with younger siblings in order to lessen the burden on the caregiver who remains at home, and younger children may have grown used to relying on that same caregiver for safety, security, and permission. As a result of this, the previously deployed family member is likely to feel out of place within the family.

While reintegration can be a difficult process for all family members, children tend to react differently depending on age. Adolescent children in the home are more likely to have taken on a parentified role, helping out with chores and childcare around the home and as a result becoming increasingly independent. Relinquishing this additional freedom and responsibility can be difficult and lead to increased conflict in the home. Younger children may initially be scared of the previously deployed service

member, and may in fact have no memory of them. This can be difficult for parents to understand and accept. Additionally, a parent who was previously used to being the one to grant permission to the children for certain activities may find that the caregiver who stayed behind has taken over this role, and therefore feel excluded from the family decision-making process. By working with families to communicate openly about these difficulties, it is possible to ease this transition. Families who are able to discuss these conflicts, and the feelings related to them, tend to manage them in a more psychologically healthy manner, and to do so more quickly than families with less developed communication skills (Esposito-Smythers et al., 2011).

Additional factors may complicate the post-deployment phase. Post-traumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI), are words often heard in association with the ongoing War on Terror. The prevalence of these disorders has steadily increased over the last decade, and many more service members are returning home with one of these diagnoses. As of September 2010 over 88,000 US service members have been diagnosed with PTSD, and over 178,000 have suffered from mTBI (Fischer, 2010). These disorders can be very difficult for service members and their families to understand. Caring and supportive interventions centered around education and open-communication have been found to be effective in working with families facing such difficulties (Fals-Stewart & Kelley, 2005).

In addition, research has shown that previously deployed service members are at increased risk for displaying abusive behaviors in the home (Chandra et al., 2008; Wadsworth, 2010) directed at children and spouses or partners, and service members diagnosed with PTSD are at even greater risk for abusive behaviors than others (Fals-

Stewart & Kelley, 2005). Such behaviors can have a serious negative impact on the reintegration process and yield to not only interactional difficulties within the family, but an increase in substance abuse and other psychological disorders. As such, it is imperative that mental health professionals intervene early on when such abusive behaviors are present so as not to further endanger the reintegration process.

As noted earlier, the length of the post-deployment phase can be extremely variable from family to family. By providing targeted supports focused on potential attachment disruptions and the promotion of resilience, mental health professionals can help to ease this process as much as possible. Allowing families to move at their own pace, instead of a pace dictated by involved mental health professionals, is likely to lead to the most satisfactory outcome for everyone involved.

CHAPTER 6

Conclusion

Recent changes in United States Veteran Affairs (VA) policy have opened the door for counselors to provide outpatient services to veterans and their families (Department of Veterans Affairs, 2010). As such, it has become increasingly important for counselors and other mental health professionals to be well versed in the needs of this growing population. Utilizing attachment theory as a framework for conceptualizing difficulties these families may face throughout the deployment cycle allows counselors and other mental health professionals to develop and put in place interventions that can help to both prepare families for the challenges they may face during deployment, and provide support during the post-deployment reintegration process. By focusing on resilience-informed interventions, mental health professionals can affect the deployment process in a positive way, with the additional advantage of also preparing children and families to face unexpected difficulties in the future.

As the general population of the United States begins to seem less and less interested in our conflicts abroad, it becomes increasingly important that mental health professionals be available to provide services and support to our deployed and deploying men and women in uniform. A hallmark of the helping professions is attending to the needs of those who are in danger of, or are currently, being overlooked by the wider population, and I can think of no better way to do so than to help promote a healthy and positive family environment for those who serve our nation during a time of great danger and uncertainty.

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